FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION						
	(See instructions)				Office use only			
1. NAME OF COMMITTEE (i	n full)	(Check if name is changed)	Example: over the I	If typying, type ines	12FE4M5	5		
Cates for Co	ngress						لتتتت	
ADDRESS (number ar	d street)	imber Grace Cou	rt	1 1 1 1 1	1 1 1 1 1	1111		
(Check if addre	PO E	Spx 1209 sville			GA ₁	30546]-[
			CITY▲		STATE	ZIP C	ODE 📥	
COMMITTEE'S E-M (Check if addre is changed)	AIL ADDRESS (Please	e provide only one e-m sforcongress@cr						
COMMITTEE'S WE (Check if address is changed)	B PAGE ADDRESS (U	RL) /.catesforcongres	ss.com					
2. DATE M 1	M / D D / Y	2 0 0 9						
3. FEC IDENTIFIC	CATION NUMBER	C	C00470	393				
4. IS THIS STATE	EMENT X NEV	V (N) OR		AMENDED (A)				
I certify that I have exa	mined this Statement and	to the best of my know		ief it is true, correct a	and complete			
Signature of Treasur	er Electronically File	d by William G (Overcash		Date 0	1 28	2 0 1 0	
NOTE: Submission of	false, erroneous, or incor	nplete information may					§437g.	
Office Use Only			Fede Toll	further information eral Election Commis Free 800-424-9530 al 202-694-1100		FEC F(